

DANVILLE POLICE DEPARTMENT
CITIZEN COMPLAINT INFORMATION
(HOW TO MAKE A COMPLAINT)

1. If you wish to make a complaint about the actions of a Danville Police Officer or any other aspect of police operations, please:
 - a. Come to the Danville Police Department and tell any employee that you want to make a complaint and they will direct you to a supervisor who will assist you: or
 - b. Call the Danville Police Department and tell the person answering the phone that you want to make a complaint: or
 - c. Write your complaint and mail it to the Chief of Police.

OFFICE OF THE CHIEF OF POLICE

P. O. BOX 3300

DANVILLE, VA 24543

2. A supervisory officer will assist you in filling out a Citizen Complaint form. If you choose this form will be sent to you by mail. This form asks you to identify yourself and to give specific details about your complaint.
3. Your complaint will then be investigated. You may be contacted and asked additional questions about your complaint.
4. If considerable time is required to investigate your complaint you will receive a letter telling you approximately when you may expect a reply.
5. When your complaint has been investigated the Chief of Police will review the investigation and write you a letter explaining what has been determined concerning your complaint.
6. Complaints normally will not be accepted more than thirty (30) days after the alleged incident, with the following exceptions:
 - a. When the act complained of is a criminal violation in which case the criminal statute of limitations will prevail.
 - b. When the complaining person can show good cause for not making the complaint earlier.

CITY OF DANVILLE
POLICE DEPARTMENT
CITIZEN COMPLAINT AND INQUIRY FORM
CONFIDENTIAL

This form should be completed in accordance with Department Directive ADM.310.

Name of Complainant: _____ Date: _____

Address: _____

SSN#: _____ DOB: _____ Race: _____ Sex: _____

Phone Number. Residence: (____) _____ Employment: (____) _____

Reporting Date: _____ Date & Time of Incident: _____

Nature of Complaint:

Location of Incident:(Be as accurate as possible) _____

Name of officer(s) or employee against whom complaint is being filed, or other identifying marks (car number, badge number, etc.)

Employee: _____ (1) Badge #: _____ Division: _____

Employee: _____ (2) Badge #: _____ Division: _____

Employee: _____ (3) Badge #: _____ Division: _____

Employee: _____ (4) Badge #: _____ Division: _____

Has the Complainant made a previous complaint against the Officer(s) or the Department, and if so what were the circumstances? _____

Is there any relationship of any kind between the Officer(s) and Complainant? _____

Name(s), addresses, phone numbers or other identifying information concerning witness: _____

Statement of Allegation (Give Complete Details): _____

[illegible]

(If additional space is needed use another statement of allegations page.)

I understand that this statement of complaint will be submitted to the Chief of Police and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.

I understand that, under the regulations of the police department, the officer against whom this complaint is filed may be entitled to request a hearing before a board of inquiry. By signing and filing this complaint, I hereby agree to appear before a board of inquiry, if one is requested by an officer, and to testify under oath concerning all matters relevant to this complaint.

Signature of Complainant

Date

Signature of Officer Taking Complaint

Date

Check if complainant refused to sign: _____

STATE OF VIRGINIA, TO-WIT:

I, the undersigned Notary Public, in the State of Virginia, do hereby certify that _____, whose name is signed to the foregoing application, bearing date on the _____ day of _____, 20____, personally appeared before me and made oath that the information furnished therein is true and correct.

MY COMMISSION EXPIRES: _____

GIVEN UNDER MY HAND THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC